MAXIMUS Federal Services

Case Number:	CM14-0051946		
Date Assigned:	07/07/2014	Date of Injury:	05/04/2009
Decision Date:	08/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old worker who is being treated for Brachial Neuritis or radiculitis, Chronic airway obstruction, degeneration of cervical intervertebral disc, displacement of cervical intervertebral disc without Myelopathy, displacement of Lumbar/ Thoracic disc without Myelopathy, neck sprain and strain, pain in joint, other shoulder region; sprain/strain unspecific site shoulder and upper arm, throat pain, unspecified complication of procedure, other after care following procedure. cervical radiculopathy, thoraxic radiculopathy, due to a work related injury on 05/04/2009. The injured worker had failed right shoulder surgery. The worker received epidural injection, but reacted to it. The worker has continued to complain of neck pain, bilateral shoulder pain, upper back pain. The physical examination showed reduction in sensation at the outer part of the right shoulder, tip of right index finger and the back of the right hand. Her doctor has requested for Neurosurgeon initial consult; Initial consult with a Vascular Surgeon, and for follow up visit with a Gastroenterologist, but these have been denied.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurosurgeon initial consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)- TWC, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is not enough information in the documents reviewed to determine why a neurosurgeon is needed. I am unable to determine what is being treated, and the Guidelines to use in making a determination of the medical necessity.

Initial consult with a Vascular Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is not enough information in the documents reviewed to determine why a vascular surgeon is needed. I am unable to determine what is being treated, and the Guidelines to use in making a determination of the medical necessity.

Follow up visit with a Gastroenterologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is paucity of information. There is not enough information in the documents reviewed to determine why a gastroenterologist is needed. I am unable to determine what is being treated, and the Guidelines to use in making a determination of the medical necessity.